Witness Name: Lyn Andrews
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Dated: 20 December 2024

THIRLWALL INQUIRY

WITNESS STATEMENT OF LYN ANDREWS

I, Lyn Andrews, of the Care Quality Commission ("CQC"), will say as follows:

Introduction

1. My name is Lyn Andrews. My current role is Senior Analyst at CQC. I have thirty years' experience working in health and social care regulatory analytics with experience of working with different regulatory frameworks and sectors. I moved to the Acute Hospitals Inspection team in 2013 and completed quantitative analysis training with Industrial Statistics Research Unit (ISRU) at Newcastle University in 2011. I don't have any experience in metric and indicator construction, business logic or risk models and products, though these areas do not fall under the responsibilities of senior analysts in my area now or in 2015.

2. I have been asked by CQC to provide a witness statement to assist the Inquiry's understanding of how CQC used data to inform the 2016 inspection of Countess of Chester Hospital ("the Inspection").

3. Except where stated otherwise, my statement describes the way in which data was used in 2015-16. CQC's use of data has evolved since 2016. I understand that my colleague Lisa Annaly has provided a statement to the Inquiry covering the way in which CQC's approach to data has changed since 2016, and setting out how data is used now.

4. My role in the Inspection was lead Analyst Team Leader ("ATL"). This meant that I was responsible for coordinating analysts from across the team to deliver the pre-inspection data process steps outlined below. And for supporting the inspection team with any further data needs during the inspection and report writing phases.

Qualifications required for CQC data analysts

5. In order to assist the Inquiry in understanding the qualifications and skills required of data analysts at CQC, I have provided job descriptions for Senior Analyst (Quant) in Operational Insights (Exhibit LA1), [INQ0108748] Analyst (Quant) in Operational Insights (Exhibit LA2), [INQ0108758] Senior Analyst (Quant) in Analytic Content (Exhibit LA3), [INQ0108759] and Analyst (Quant) in Analytic Content (Exhibit LA4). [INQ0108760]

6. These are current job descriptions, and so the terminology and detail will have been updated since 2016. However, the general level of skills and experience required has not changed. These job descriptions should therefore provide an indication of the skills required of CQC data analysts at the time of the Inspection.

7. I was in Provider Analytics Hospital (PAH) Data Packs and Inspections, which is the team responsible for providing standard analytical reports and analytical services needed to support the planning and carrying out of inspections of NHS Trusts. Between 2013 and 2016 a standard set of analytical reports and activities were developed for the comprehensive inspection programme of NHS Trusts. The framework and analytical reports were further developed to support the next phase of inspections from 2016 following completion of the comprehensive programme.

8. Some datasets require CQC analysts to carry out data processing ahead of being able to run indicator analysis. This was the responsibility of analysts in the Provider Analytics Hospital (PAH) Intelligence Management team. This team runs the routines required when Hospital Episode Statistics are updated each month so that CQC's core systems reflect any changes and systems are updated. Those analysts would have qualifications related those areas of responsibility that wouldn't necessarily be required of the Data Packs and Inspection team analysts.

9. I have also searched for contemporaneous documents describing the role of ATLs and senior analysts around the time of the Inspection. I have located and provided a job analysis conducted by an external people management company called Penna dated March 2014 (Exhibit LA5) [INQ0108761] and an Intelligence Competency Framework dated July 2015 (Exhibit LA6), [INQ0108762] which includes the expected competencies for each grade of analysts in 2014/15.

The pre-inspection data process: background in 2015/2016

10. The pre-inspection data process was standardised across all NHS Trust inspections, with standard documents for delivery and for quality assurance.

11. For context, it is important to understand that neither ATLs nor analysts were dedicated to work on one NHS Trust inspection at a time. The Provider Analytic Hospitals Acute Data Packs and Inspections team was a national team. Inspections would be allocated to an Analyst Team Leader across each quarter of the annual inspection timetable. The ATL was supported by a number of analysts based on the size and complexity of the trust. All analysts and ATLs worked on a number of different trusts simultaneously, and these would all be at different stages of pre inspection. Through December 2015 to February 2016, as well as working on the Countess of Chester Hospital ("COCH"), I was also working on five other NHS Trust Inspections. The same stages as outline below in respect of the COCH took place for each of these. This is supported by my calendar schedule from Outlook, extracted 25 Nov 24 (Exhibit LA7). **[INQ0108763]**

12. For the avoidance of doubt, I use "data packs" to refer to the pre inspection data packs which included sections for each of the CQC core services. All CQC inspectors of NHS Trusts were provided with a data pack by CQC's analytics teams before the inspection visit. Typically this was supplied 2-4 weeks prior to an inspection. For Chester inspection these included INQ0101422 (the Children and Young People ("CYP") core service data pack) and INQ0103668 (the Maternity and Gynaecology core service data pack). The intelligence presentation (INQ0103620) is a separate document.

13. I describe the process by which the data packs are provided at paragraphs 14-23 below. The process for the compilation of the intelligence presentation is described at paragraphs 24-25 and 27-31 below.

The pre-inspection data process: step by step

14. I have outlined the steps of the pre-inspection data process below. There was no written guidance document for producing inspection data packs. The steps taken to compile data packs are set out on the 'Common issues' section of the Quality Assurance Record (INQ0101422) and include prompts for an analyst tasks and common issues to check. I have assigned dates to each step to the best of my recollection. Steps are supported by

dated documents where CQC records are available. Given the passage of time and the limits of the documentation available to me the dates are approximate; however, the steps of the process itself were standard for every inspection.

15. 22 December 2015: production of the "shell packs". This is an automated process by which CQC's system prepopulates a standard data pack template with data about the trust and core service from CQC's data collection. The data and metrics included in the standard data pack template are outlined on contents page for each core service. STEIS and NRLS are included in the standard template data pack. It is not within my knowledge, of how the decisions were made about the basis for the inclusion of datasets within the standard template. Lisa Annaly's statement (2.1) outlines the suite of data collection from 2013 onwards when the new ratings approach was introduced at CQC. This suite of data would populate the PowerPoint shell data pack directly from CQC's system. The shell pack includes benchmarking and comparisons with other similar trusts and national performance with data and visuals added to the standard report format automatically. The Maternity (INQ0103657) and CYP (INQ0101422) automated Shell packs that were produced before the analyst begins the steps to complete the analysis sections of data packs for Chester are also provided

16. The shell packs at this stage only included some brief quantitative analysis of STEIS incidents reported. The time period included in all shell packs were an automated 12 month period, based on date of inspection. For this inspection it included incidents from October 2014 to September 2015, as indicated in the source reference on page 5. Further incident analysis would be completed by the Data Packs and Inspection team analysts before the Day Zero Intelligence Presentation so that could be shared before the inspection. For this inspection the analysis was started on 28 January 2016. I have explained this process in detail at paragraphs 32-40 below and have provided the raw data analysed as Exhibit LA14. [INQ0108753]

17. For the suite of indicators used in the data packs, the Intelligence Management team manage a range of data refresh processes to keep these indicators as up to date as possible. This team updates CQC systems when the external data owners make these available to a set refresh frequency. For STEIS data the period available was October 2014 to September 2015. This team also carry out any data processing required before loading to CQC systems for use in the data packs and other CQC internal products. It is

this team that would be responsible for any CUSUM analysis or statistical comparisons included in CQC products as outlined in Lisa Annaly's statement.

18. 22 December 2015 – 8 January 2016: data pack production by the analyst allocated to support the inspection, led by me as ATL. This stage involved the analyst going through the automatically produced shell packs to add insights and summaries using their professional expertise and following standard practice for this process. Analysts were guided through this production stage by the Quality Assurance Record.

19. INQ0101422 which included questions to ask, prompts and common issues. The analyst team would also add information from the PIR to the shell packs at this stage. The Quality Assurance Record also records the changes made to the final data pack. There was a change to add the detail of the Never Event incident (Log number I&S)

20. 17 – 18 January 2016: data packs are signed off by the ATL. This included a two-stage quality assurance process that is standard for all inspections. However due to the pace of inspections on this team there were not always sufficient analysts to complete every step of the process. For this inspection the Quality Assurance process was completed and senior sign off by my Band A Manager on 19 January 2016, following my ATL review on 14 January 2016. Though Quality Assurance Record is partially complete and shows that the peer analyst review stage was not completed for Chester Inspection. In these instances it was expected that the analyst reviewed their own work before sending on for Quality Assurance checks, as detailed in the QA Process included in the document. For clarity, the first stage data quality check on the raw data would be done by the analysts in the Intelligence Management team when loading to CQC system.

21. 18 January 2016: draft data packs sent to the Trust and to the Head of Hospital Inspection ("HHI"). The HHI at the time of the Inspection was Ann Ford.

22. 25 – 29 January 2016: the standard process was for Trust would have been given a week to respond to us with any factual accuracy amendments if needed. This was also the Trust's opportunity to highlight to CQC anything it considered may have been missed in the data packs. The trust responded on 27 January 2016 and provided requests for some amendments of the standard form. I have included copies of the forms in relation to CYP, Maternity, Critical Care and Trust overview (Exhibit INQ0103668, INQ0101422, LA8 and LA9), which include the trusts suggested amendment and CQCs response to each. All [INQ0108764] [INQ0108765]

include an element of data around neonatal services. None of the factual accuracy requests from the trust related to STEIS data.

23. 27 January 2016: deadline for the Trust to respond to the draft data packs.

24. 2 February 2016: With any amendments to content agreed with the trust complete, the final data packs were sent to the Trust and the inspection team. These were sent by email to Sally Goode and Ruth Millward on 2 February 2016 (Exhibit LA10). [INQ0108749] The data packs for all nine core services were also sent by email to the whole inspection team, including Specialist Advisors (SPAs).

25. 2 – 12 February 2016: preparation of the intelligence presentation (INQ0103620). This is explained in more detail at paragraphs 27-31 below.

26. 16 February 2016: delivery of the intelligence presentation to the inspection team. This was the day before the start of the substantive inspection, which is sometimes referred to within CQC as "day zero". The whole of the inspection team would have been present for this presentation, including SPAs.

27. 16 February 2016: on "day zero" of an inspection the ATL remained on site to manage any analysis requests. Any additional data requests were triaged on site and requests managed off site by an analyst in the office. I have provided the Evidence Request Log of those requests made by the inspection team and how they were managed at Exhibit LA11. [INQ0108750] The document includes documents requested electronically, those requested by inspectors direct from staff on wards, and any hard copies provided while on site.

The intelligence presentation (INQ0103620)

28. As ATL, it was my role to use the nine data packs to prepare the intelligence presentation. I used my professional judgment to compile this presentation, but there was a standard format used for the intelligence presentation given on every inspection. This was based on the "exception reporting" approach described by Lisa Annaly at paragraph 2.8.1 of her witness statement. This meant that the intelligence presentation included data and metrics showing either above average or below average data of note.

29. Best practice would be for the intelligence presentation to be quality assured. However, due to the number of different inspections ongoing during this period and the pressures

under which the data team were operating, the reality was that quality assurance of the intelligence presentations was not always undertaken. For Chester, I completed this the day before Day Zero.

30. The aim of the intelligence presentation was to convey to the inspection team the most important points arising from the data packs, and to give an impression of what CQC knew about each core service. The intelligence presentation would last at least an hour and would follow the presentation given by Ann Ford. Inspectors and SPAs would all be in attendance and would have the opportunity to ask questions.

31. All nine data packs were shared with inspectors ahead of the start of the inspection week. The core service teams had already been provided with all draft data packs in advance of Day zero on 21 January 2016. (Exhibit LA17) [INQ0108755] The intelligence presentation was not intended as a substitute for review of the data packs. The SPAs and inspectors for core services, Children Young People, Maternity, Accident & Emergency (A&E), Medical Care, Surgery, Outpatients, End of Life Care, Trust Wide and Critical Care were present for the whole of the intelligence presentation, not just the part relating to their specific core service.

32. The intelligence presentation was available to all members of the inspection team electronically from the first day of the inspection within the inspection folder on CQC Ydrive. A hard copy of the full set of final data packs for each core service were available on day zero at COCH.

CQC's use of NRLS and STEIS

33. I understand that this is covered in paragraph 5 of Lisa Annaly's statement. However, I have been asked to give some more detail on how this worked in practice.

34. CQC's analysts did not have direct access to NRLS or STEIS, so a weekly feed of data was pulled from NRLS and STEIS and sent to CQC by NHSE. This would take the form of Excel csv files. CQC's Intelligence Management team would complete any processing required before it was uploaded to CQC's own system, as above in paragraph 16. Once loaded onto CQC system the data would be available for analysts in the Data Packs & Inspection team to use to produce the standard inspection data packs and presentation. Analysts would always share the excel file of NRLS and STEIS raw data that had been

analysed for the inspection, including detailed descriptions for inspectors to review within the Ydrive inspection folders. The files shared are Exhibit LA12 and Exhibit LA14. [INQ0108751] [INQ0108753]

35. This arrangement meant that CQC's access to incident reporting on NRLS and STEIS was subject to several limitations:

    a. As a regular data feed some data lags were expected between reporting and data being managed by NHSE to then share with CQC. It typically took a few days for the information to be manually transferred from the Excel csv files received from NHSE to CQC's internal system.

    b. CQC systems and the pre inspection data packs were not intended to be a real time analysis of NRLS and STEIS incidents but to look at trends in the 12 months leading up to the inspection.

    c. The system relied upon timely reporting incidents to NRLS and STEIS, which did not always happen in practice. For Chester inspection, NRLS data considered in the data packs show that just 66% of NRLS incidents were reported to NHSE within 0-14 days of the date of the incident across all core services. And there were some reported up to 90 days following the date of incident. Considering those incidents that the trust identified as 'Neonatology' (in Speciality Level 2 field), 58% were reported within 2 weeks. 28% took 15 - 30 days to report, 9% took 31 - 60 days and 5% took 61- 90 days to report. I have provided the NRLS data used for the data packs at Exhibit LA12. [INQ0108751] This may or may not be comparable with reporting for Neonatology in other trusts at that time but I have completed no analysis to determine this.

    d. Similarly, the system relied on trust staff to allocate the appropriate level of harm and severity when reporting the incident. This is explained in Lisa Annaly's statement at paragraph 5.4, on grading of harm to a patient. As analysts have no clinical training it would not be our role to check the levels allocated to each incident when completing analysis. For COCH, there were 8,049 incidents reported to NRLS for February 2015 to January 2016. This was the period of analysis of NRLS reporting for this inspection.

    e. NRLS and STEIS systems allowed for reporting organisation to update and amend entries to incidents, after they had been initially reported – for example, to add further

details or decisions of an internal investigation, including key fields like 'degree of harm', 'severity' and 'description'. Any updates to existing incidents could not be flagged to CQC by NHSE in the weekly data files. CQC systems, would be updated with the incident detail but there was no way to identify any incidents updated from week to week without running inspection analysis again during the inspection or reporting period.

f. Where the inspection team had concerns around an organisation's incident reporting culture during the inspection, analysts would complete additional analysis of the incidents or specific types of incidents during the inspection or reporting period. This was not the case for COCH inspection.

36. My understanding was that whether an incident was reported on NRLS or STEIS depended upon its severity. Both report to NHSE. NRLS supports organisations understanding incidents within their services, learning from them to mitigate recurrence and also for improving organisational culture around reporting. If an incident met the Serious Incident guidance set by NHSE, it should have been reported on STEIS. Incidents would be reported on both NRLS and STEIS, for example, when an incident reported to NRLS was subsequently identified as a serious incident and followed up for investigation with STEIS. CQC analysts would routinely check for duplicate incidents when completing analysis.

37. Once the information from NRLS and STEIS had been transferred to CQC's internal system from the information provided by NHSE, it would feed into the shell packs by running a software programme to populate the standard data pack template, described at paragraph 15 and 16 above. The same data would also feed into CQC's dashboard used for monitoring purposes.

38. Analysts also managed the additional data requested by the inspection team during the inspection, as mentioned at paragraph 26. The analyst supporting the inspection team would log all additional data requests. The date when the request was submitted to the trust and the date when the evidence was returned to CQC were both logged. The CYP core service lead did request the last 12 months of incidents for the Neonatal Unit on 15 February 2016 and the data file was returned electronically by the trust on 16 February 2016. This is record DR35 on the Inspection Evidence Request Log (INQ0017331). It was standard practice that analysts would check to see that the correct request had been

submitted by the trust, i.e. they had submitted 12 months of incidents for the Neonatal Unit from the date of the request or trust meeting minutes etc. They would not however do a full analysis unless the core service lead requests it specifically. The core service lead inspector recorded on the Inspection Evidence Request Log (INQ0017331) for each data request was notified when documents were returned and core service team leads would routinely access these from the core service inspection folders where they were saved, a standard structure and process for all inspections, at that stage inspectors always had the option to request additional analyst support to review if needed, usually depending on the number of incidents involved. From my recollection, analysts did not complete any further analysis of incident data supplementary to the standard data packs or intelligence presentation for COCH inspection. No further incident analysis was completed by analysts for the additional incident data requested on site for COCH inspection.

39. Similarly, monitoring of all incidents between inspections is the role of the relationship owner, who may at times request data or analysis support from an analyst. From October 2016, CQC introduced more routine analysis of this dataset when CQC Insight reports were launched.

40. It was my role to lead the analyst team to provide analysis for the Inspection based on the standard time period for every inspection. This was 12 months up to the day on which the shell packs were produced. Some datasets would have gone outside of this framework if the outcomes they were measuring were the best available or most recent, such as national clinical audits. For this Inspection the relevant time period would have begun in December 2014.

41. As described at paragraph 18 above, the shell packs for the Inspection were created on 22 December 2015. This meant that only the information from NRLS and STEIS which had been transferred to CQC's system at that time would have fed into those shell data packs. The shell packs for this inspection included incidents from October 2014 to September 2015, as indicated in the source reference note on page 5. However, any risks due to time lag were mitigated by the fuller analysis completed nearer the inspection to highlight key findings in the Intelligence Presentation on Day Zero, which for this inspection included incidents reported up to 7 January 2016. And also would be further mitigated by up-to-date NRLS and STEIS information forming part of the additional data requests made on site by each core service lead during the inspection. These are recorded in the Inspection Evidence Request Log (INQ017331).

Reporting of neonatal incidents in the data packs and intelligence presentation

42. I have been asked to explain why the intelligence presentation (INQ0103620 p.27) and CYP data pack (INQ0101422) report that there were no reported serious incidents in the relevant period, when in fact the death of Child D was reported on STEIS, and the deaths of Children A, C, D, E, and I on NRLS.

STEIS report of the death of Child D

43. CQC's data packs and intelligence presentation report that no serious incidents were reported in the CYP core service. This was due to neonatology being considered under the maternity core service for the purposes of data collection and analysis. This was standard for all inspections. The intelligence presentation (INQ0103620 at p.26) and the maternity and gynaecology data pack (INQ0103668 at p.6 and p.9) both refer to seven serious incidents which includes the death of Child D.

44. Within the STEIS analysis that analysts completed for the inspection data packs and intelligence presentation (Exhibit LA14) [INQ0108753], 'log no I&S' relates to the death of Child D. For clarity, I have extracted the detail of that was reported for the incident report by the trust to STEIS (Exhibit LA13) [INQ0108752]. This record is as extracted from STEIS on 28 January 2016. The trust reported the death of Child D on 3 July 2015 ('created on' field), after being identified on the 2 July 2015 ('date incident identified' field), and that the incident occurred on PD June 2015 ('date of incident' field). The death of Child D was reported as an obstetric incident ('clinical area' field) but did not identify the neonatal unit in the 'clinical area (other)' field. The location of incident was reported as 'healthcare premises'.

45. The intelligence presentation (INQ0103620 at p.26) and the maternity and gynaecology data pack both refer to neonatal matters as part of the maternity core service. For example, the maternity and gynaecology data pack discusses neonatal critical care provision (INQ0103668 p.5). NICU was also mentioned in the critical care data pack (Exhibit LA15) [INQ0108774].

46. It was standard practice for neonatal care to be dealt with in the maternity and gynaecology data pack. I would expect inspectors and SPAs to be aware of this. As explained at paragraphs 23 and 30 above, inspectors and SPAs would be provided with data packs for all core services and would be expected to have reviewed all of these. The inspection team

would have access to all the packs (both in hard copy while on site and electronically throughout the inspection and reporting period. This means that the CYP inspection team would also have had access to the maternity and gynaecology data pack. For any serious incidents(s) in the standard data pack template, this would include high level data as a flag for inspectors to review the detail of the incident as presented in Exhibit LA14. **[INQ0108753]**

47. I have been asked to explain why, given the above, the neonatal unit was in fact inspected by the CYP team rather than the maternity team on the inspection itself. I can only comment on the data packs, briefings and analysis that was provided to inspectors as explained in paragraph 31 above, the data packs for all nine core services were also sent by email to the whole inspection team, including Specialist Advisors (SPAs) (Exhibit LA16) **[INQ0108754]** But the allocation of inspectors to core services is outside the ATL responsibilities for inspections. The format of the data packs should have reflected the format for the core services, but this would not have driven a decision about the inspection team focus.

NRLS reports of the deaths of Children A, C, D, E, and I

48. It is standard practice when completing analysis of NRLS incidents, particularly when the datasets are large, for analysts to begin with reviewing the level of harm focussing on those reported as 'moderate', 'severe' and 'death'. Given the volume of reports made on NRLS, it was not viable for analysts to read detailed descriptions of every report. The CQC data analyst team would have first filtered out the incidents marked "no harm" and "low harm". For Chester inspection this would have been done using the filter function on Excel and would allow the team to focus on analysis of the incidents reported as 'moderate', 'severe' or 'death'. The raw data, includes the full list of incidents with all detail were available to the inspection team to access. It was standard practice for the CQC inspection team to access on our systems. The SPA did not have access to the CQC systems, and it would be for the core service lead to share the raw data with them if they needed to.

49. I understand that the NRLS reports of the deaths of Children A, C, D, E, and I were categorised as "no harm". This may explain why these reports were not picked up by the CQC data analysts. If they had been categorised as 'moderate', 'severe' or 'death', CQC data analysts would flag these to inspectors via the NRLS data used for the inspection (Exhibit LA13) **[INQ0108752]**

50. It is important to note that this analysis would have been done from a data perspective, as opposed to clinical perspective. CQC's data analysts would have been reliant on the clinicians reporting these incidents to categorise them correctly.

Statement of Truth

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth.

Name: Lyn Andrews

Signed:

Dated: 20 December 2024